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CONFIRMATION NO. 5101

<b>SERIAL NUMBER</b> 10/537,652	<b>FILING OR 371(c) DATE</b> 02/27/2006 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> 1429-160
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## APPLICANTS

Pol Jean-Marie Robert Thiry, Charleville Mezieres, FRANCE;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/FR03/50183 12/17/2003 *ok ces*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

FRANCE 02 1625 12/19/2002 *ok ces*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 06/05/2006

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 0	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>Candice Stokes</i> Initials <i>ces</i>				

## ADDRESS

24106

## TITLE

Orthodontic wire and method for making same

<b>FILING FEE RECEIVED</b> 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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